

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	100	75231	
ORIG. CLASSIFIER		4/13	
FORMALITY REVIEW	CA	12/04/16	12/04/16
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final Original	Date
1	Original	12/04/2016
2	Original	12/04/2016
3	Original	12/04/2016
4	Original	12/04/2016
5	Original	12/04/2016
6	Original	12/04/2016
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48	Original	
49	Original	
50	Original	

If more than 150 claims or 10 actions  
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